



GRANDVIEW
CHILDREN'S
CENTRE

Recreation Services Participant Profile

The participant profile is completed by parent/legal guardian annually for individuals registering for a recreation activity at Grandview Children's Centre.

Participant Name: _____ **Date:** _____

Disability/Diagnosis: _____

Do you have a specific goal for participation in Grandview Children's Centre's Recreation Activities?

Please specify: _____

Interests:

Sports _____ Swimming Deep water Shallow water With a Life Jacket

Crafts _____ Music _____ Drama _____

Active Games _____ Board Games _____ Other interests: _____

Communication:

speaks in sentences: _____

uses single words or short phrases: _____

points to or gives pictures: _____

uses hand signs or gestures: _____

augmentative communication: _____

Comprehension: (ability to understand information including following directions)

understands and follows directions with ease: _____

directions need to be repeated: _____

directions must be accompanied with visual cues and gestures: _____

understands multiple step directions: _____

understands simple/1 step directions: _____

What strategies help your child to follow directions? _____

Social:

readily participates in new group settings

stays within confines of program space

has difficulty changing from one activity to the next

some behaviours may distract or disrupt the group; Please explain: _____

I know my child is frustrated when he/she: _____

Other comments/information: _____

Health:

Seizures: Yes No Frequency? _____ Describe _____

Duration e.g. less than 2 minutes, 5 – 30 minutes _____

Allergies: List all including bee stings if applicable: _____

Medication required at programs: Yes (“Request for Administration of Medication Form” must be completed.)

Physical:

Walks independently: Yes No

Walks without aids in: Household (room area) Community

Uses a wheelchair: Yes No Type: Power Manual

Independent wheeler: Requires assistance: Pushing Coaching/Guidance

Uses a walker: Yes No

Uses walker: Independently requires hands on assistance requires supervision

Time walking/wheeling before fatigue:

5 minutes 30 minutes 1 hour Whole day

Falls: Never Occasionally Frequently Where and when do falls happen? _____

Sitting: Independent Specific seating aid required

Sitting to floor: Independent Requires assistance

Stairs: Independent Needs assistance/rail

Transfers: Independent requires assistance in and out of equipment (e.g. walker)

Lifts: One person two person

Splinting: Yes No Type/schedule:

Participant can: hold creative tools independently

Requires adaptive tools brushes markers/crayons scissors

Other: _____

Hearing:

Difficulties: Yes No Other assistive devices (i.e. FM) other: _____

Wears hearing aid Requires sign language interpreter Yes No

Vision:

Glasses Yes No

Other visual concerns: _____

Personal Care

Eating: difficulties with swallowing/choking Yes No _____
special diets: Yes No _____
requires assistance: Yes No _____
food allergies: Yes No _____
adaptive equipment required: Yes No _____

Dressing: Independent Independent with supervision requires assistance
Toileting: independent Independent with supervision requires reminding
wears diapers/attends: what is the frequency of changing schedule? _____
catherization _____

Are you comfortable with our staff assisting your child on a 1:1 basis with toileting or dressing should the need arise? Yes ___ No ___

Support Worker: 1:1 Support worker will accompany client Yes _____ No _____

Additional information that will help us plan for your child's participation in recreation activities:

I/we agree that the information, contained herein is correct. I/we further agree that if there is a change in information and/or medical condition of my child that I/we will inform Grandview Children's Centre Recreation Services immediately of such change.

This information is confidential and will only be shared with staff, volunteers and community partners that are involved with your child(ren) for the purpose of providing the recreation activities outlined on this registration form.

Signature: _____ Date: _____
Parent/Guardian's signature

Office Use Only:

Interview Date: _____ Interviewer: _____

Admitted By: _____ Date: _____